

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005957

FILED
Jan 13, 2009
Secretary of State

Entity Name: WINTER HAVEN AMBULATORY SURGICAL CENTER, L.L.C.

Current Principal Place of Business:

325 AVENUE B, N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

325 AVENUE B, N.W.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3659906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILTON, CHARLES R
99 SIXTH STREET, S.W.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYLE, GEORGE
Address: 204 LOCEN COURT
City-St-Zip: WINTER HAVEN, FL 32792

Title: MGRM () Delete
Name: SIMMONS, DAVID
Address: 108 MIRROR LANE NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: SHABLA, MARK
Address: 310 KENDALL DR.
City-St-Zip: WINTER HAVEN, FL 32792

Title: MGRM () Delete
Name: SHELGREN, JOHN
Address: 2509 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN SHELGREN, MD

MGMR

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date